

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/559150

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		1				
5		1				
6	1					
7		1				
8		1				
9		2				
10		2				
11		2				
12		1				
13		1				
14		2				
15		2				
16		2				
17	1					
18		1				
19	1					
20		1				
21	1					
22		1				
23	1					
24		1				
25	1					
26		1				
27		2				
28		2				
29		2				
30		1				
31		1				
32		1				
33		1				
34		1				
35	1					
36	1					
37	1					
38	1					
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46	1					
47	1					
48	1					
49		3				
50		2				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		3				
53		3				
54	1					
55						
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97						
98						
99						
100						
TOTAL IND.	15	↓		↓		↓
TOTAL DEP.	55	←		←		←
TOTAL CLAIMS	70					